PAGE 1 / 12

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	A		uthorized Co	emmittee	•	С	Office Use Only
NAME OF COMMITTEE (ir		YPE OR PRINT	•	Example: If typir over the lines.	ıg, type	12FE4M5	
Friends of Ma	tt Doheny	Inc.					1
ADDRESS (number a	and street)	215 Washingtor	n Street				
▼ Check if di	ifferent						
than previous reported. (A	ously	Watertown				NY 13	8601
2. <b>FEC IDENTIFI</b>	CATION NU	MBER ▼	CITY A			STATE A	ZIP CODE
C C005607	707	-	3. IS THIS	✓ NEW	ı	AMENDE	STATE ▼ DISTRICT
C C005607	97		REPORT	× NEW	OR	(A)	NY 21
4. TYPE OF RE	EPORT (Choo	ose One)	(b) 12-Day <b>P</b> I	<b>RE</b> -Election Repo	ort for the		
(a) Quarterly F	Reports:		(5) 12 Day 11	1		<b>.</b>	a)
April 1	5 Quarterly Re	eport (Q1)		Primary (12P	')	General (120	G) Runoff (12R)
July 15	5 Quarterly Re	port (Q2)		Convention (	12C)	Special (128	3)
	er 15 Quarterly		Election	on M M	D D	Y Y Y Y	in the State of
Januar	y 31 Year-End	Report (YE)	(c) 30-Day <b>P</b> (	OST-Election Re	port for the	:	
				General (300	G)	Runoff (30R)	Special (30S)
Termin	ation Report (	ΓER)	Election o	on M M	D D	Y " Y " Y	in the State of
5. Covering Period	d 07	/ 01 /	2015	through	M 09	4 / D D / 30	Y " Y " Y " Y " Y " Z015 "
I certify that I have	examined this	Report and to	the best of my	knowledge and	belief it is	true, correct and o	complete.
Type or Print Name	of Treasurer	Jeffrey Kirkby					
Signature of Treasur	rer <u>Jeffrey</u>	Kirkby		[Electronically	Filed]	Date 10	/ D D / Y Y Y Y Y Y 2015
NOTE: Submission of	f false, erroned	ous, or incomplet	te information ma	ay subject the per	rson signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 12

Write or Type Committee Name

### Friends of Matt Doheny Inc.

09 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 403666.18 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 2150.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 401516.18 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 30185.45 651013.15 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 30185.45 651013.15 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 332.71 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 281000.00 Schedule C and/or Schedule D).....

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3 / 12

Write or Type Committee Name

## Friends of Matt Doheny Inc.

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11.	CONTRIBUTIONS (other than loans) FROM:				
	(a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	0.00	387213.18		
	(ii) Uniternized	0.00	11803.00		
	(iii) TOTAL of contributions from individuals	0.00	399016.18		
	(b) Political Party Committees	0.00	150.00		
	(c) Other Political Committees (such as PACs)	0.00	4500.00		
	(d) The Candidate	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	403666.18		
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3.	LOANS:				
	(a) Made or Guaranteed by the Candidate	30500.00	250500.00		
	(b) All Other Loans	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	30500.00	250500.00		
4.	OFFSETS TO OPERATING EXPENDITURES				
	(Refunds, Rebates, etc.)	0.00	0.00		
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	30500.00	654166.18		

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	30185.45	651013.15
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	2000.00
		man Folitical Committees		
	(b)	Political Party Committees  Other Political Committees	0.00	0.00
	(c)	(such as PACs)	0.00	150.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2150.00
21.	OTI	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	30185.45	653163.15
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	18.16
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	30500.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		30518.16
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	30185.45
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	332.71

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)		DR	LINE	NUI	MBER	:	PAGE		5	OF	12
		(check only one)									
for each category of the			11a		11b		11c		11	d	
Detailed Summary Page			12	X	13a		13b		14	[	15
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

		I I	
		tatements may not be sold or used by any per name and address of any political committee	
	AME OF COMMITTEE (In Full) riends of Matt Doheny Inc.		
A. $\frac{N}{Ma}$	ull Name (Last, First, Middle Initial) MATTHEW A. DOHENY ailing Address 215 WASHINGTON STREET ty WATERTOWN	State Zip Code NY 13601	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FE fed Na	EC ID number of contributing deral political committee.  The same of Employer contributing deral political committee.  The same of Employer contributing deral by the same of Employer contribution	C H0NY23057  Occupation Investments  Election Cycle-to-Date  30500.00	Amount of Each Receipt this Period  30500.00  Cover final campaign expenses
В. —	all Name (Last, First, Middle Initial) ailing Address	State Zip Code	Date of Receipt
fed Na	EC ID number of contributing deral political committee.  ame of Employer  eceipt For:	Occupation  Election Cycle-to-Date	Amount of Each Receipt this Period
	Primary General Other (specify)		
C	all Name (Last, First, Middle Initial) ailing Address	State Zip Code	Date of Receipt
fed	EC ID number of contributing deral political committee.	Occupation	Amount of Each Receipt this Period
Re	eceipt For: Primary General Other (specify)	Election Cycle-to-Date	
	BTOTAL of Receipts This Page (optional)		30500.00
B. Ma Cit FE fec Na Re Fu Cit Re FE fec SUB	ailing Address  ty  EC ID number of contributing deral political committee.  ame of Employer  ecceipt For: Primary General Other (specify)  ailing Address  ty  EC ID number of contributing deral political committee.  ame of Employer  ecceipt For: Primary General Other (specify)  EC ID number of contributing deral political committee.  ame of Employer  ecceipt For: Other (specify)  BTOTAL of Receipts This Page (optional)	C C Election Cycle-to-Date  State Zip Code  C C C C C C C C C C C C C C C C C C C	Amount of Each Receipt this Period  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S(	CHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 6 OF 12			
	EMIZED DISBURSEMENTS	Use separate schedule(s) (c) for each category of the Detailed Summary Page		(check only one)    X   17   18   19a   19b   20a   20b   20c   21			
	y information copied from such Reports and Statements for commercial purposes, other than using the name and						
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Matt Doheny Inc.						
۸.	Full Name (Last, First, Middle Initial)  Candidate Command  Mailing Address 401 First Street, SE			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	2nd Floor  City State  Washington DC  Purpose of Disbursement  Media	Zip Code 20003	002	Amount of Each Disbursement this Period 30000.00			
	Candidate Name Friends of Matt Doheny Inc.  Office Sought: House Disbursement Fo		003 ategory/ Type	Transaction ID : SB17.5237			
	Senate Primar President Other  State: NY District: 21	ry General (specify)					
3.	Full Name (Last, First, Middle Initial)  Key Bank  Mailing Address 200 Washington Street			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State Watertown NY	Zip Code 13601		Amount of Each Disbursement this Period			
	Purpose of Disbursement Merchant Services  Candidate Name		001 ategory/	63.95 Transaction ID : SB17.5232			
	MATTHEW A. DOHENY  Office Sought: House Senate President Other  State: NY District: 21	or: 2014	Type				
Э.	Full Name (Last, First, Middle Initial)  Key Bank			Date of Disbursement			
	Mailing Address 200 Washington Street			07			
	City State Watertown NY  Purpose of Disbursement Overdraft Item Charge	Zip Code 13601	001	Amount of Each Disbursement this Period  34.00			
	Candidate Name  MATTHEW A. DOHENY  Office Sought:  House Senate  Disbursement Format	or: 2014	ategory/ Type	Transaction ID : SB17.5233			
	State: NY District: 21						
9	IIRTOTAL of Dishursements This Page (ontional)			30097.95			

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 12 (check only one)    X   17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)	person for the purpose of soliciting contributions	
Friends of Matt Doheny Inc.		
Full Name (Last, First, Middle Initial)  Key Bank  Mailing Address 200 Washington Street		Date of Disbursement  O7 07 2015
City State Watertown NY  Purpose of Disbursement Recurring Overdraft Item Charge	Zip Code 13601	Amount of Each Disbursement this Period 28.50
Candidate Name  MATTHEW A. DOHENY  Office Sought:  House Disbursement For	Category, Type	Transaction ID : SB17.5234
Senate Primary President Other (s  State: NY District: 21		
Full Name (Last, First, Middle Initial)  Key Bank  Mailing Address 200 Washington Street		Date of Disbursement  O7 31 2015
City State Watertown NY  Purpose of Disbursement Bank Service Charge	Zip Code 13601	Amount of Each Disbursement this Period
Candidate Name  MATTHEW A. DOHENY  Office Sought:  House Senate Primary President  Other (s	General	Transaction ID : SB17.5235
State: NY District: 21 Full Name (Last, First, Middle Initial) Key Bank		Date of Disbursement
Mailing Address 200 Washington Street  City State Zi	p Code	08 04 2015
Watertown NY 1 Purpose of Disbursement Overdraft Item Charge	3601	Amount of Each Disbursement this Period  34.00  Transaction ID : SB17.5236
Candidate Name  MATTHEW A. DOHENY  Office Sought:  House Senate President State: NY  Disbursement For Primary Other (s	X General	
SUBTOTAL of Disbursements This Page (optional)		87.50

TOTAL This Period (last page this line number only).....

30185.45

## SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

8

**∨** 13:

OANS		Detailed Summary Pag				
AME OF COMMITTEE (In Full) Friends of Matt Doheny Inc.		Transac	tion ID : SC/10.4114			
LOAN SOURCE Full Name (Last, First, Mid MATTHEW A. DOHENY	dle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General			
Mailing Address 215 WASHINGTON STREET			Other (specify) $\blacktriangledown$			
City	State ZIP Cod	de				
WATERTOWN	NY 13601					
Original Amount of Loan 500.00	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period 500.00			
TERMS	Data Dua	Interest Date	Coourado			
Date Incurred  M 03 / D 06 D / Y 2014	Date Due	Interest Rate 2/31/14 0.00				
List All Endorsers or Guarantors (if any) to	Loan Source		TCS INC			
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	2			
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9			
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9			
SUBTOTALS This Period This Page (optional)	UBTOTALS This Period This Page (optional)					
FOTALS This Period (last page in this line only	)	······	7 7			
Carry outstanding balance only to LINE 3, Sch	edule D, for this line. If r	no Schedule D, carry forw	vard to appropriate line of Summary.			

## SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**PAGE** 

×	13a
	13b

12

(check only one) Detailed Summary Page Transaction ID: SC/10.4115 NAME OF COMMITTEE (In Full) Friends of Matt Doheny Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MATTHEW A. DOHENY General Mailing Address Other (specify)  $\blacktriangledown$ 215 WASHINGTON STREET State ZIP Code City NY 13601 WATERTOWN Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 250000.00 0.00 250000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup> 03<sup>M</sup> ž014 0.00 12/31/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 250000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

## SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10

DANS			Detailed Summary Page		13a 13b
AME OF COMMITTEE (In Full)	Inc.		Transac	ction ID : SC/10.5239	
LOAN SOURCE Full Name (I	Last, First, Middl	e Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 215 WASHINGTON STREET				Other (specify)	
City	S	tate ZIP Co	de		
WATERTOWN		NY 13601			
Original Amount of Loan	30500.00	Cumulative Payment To	Date Bala	ance Outstanding at Close of T	
				, , ,	
Date Incurred  M 08 / D 28 D / Y 2	2015 Y	Date Due	Interest Rate 0.00		X
List All Endorsers or Guaran		Loan Source			
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Mide	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Mide	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Mide	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0	
SUBTOTALS This Period This Pa	age (optional)			3050	0.00
OTALS This Period (last page i	n this line only).			28100	0.00
Carry outstanding balance only	to LINE 3. Sched	dule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Si	ummarv.

## SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 11 OF FOR LINE NUMBER: (check only one)

	9
X	10

NAME OF COMMITTEE (In Full)	. In a				
A. Full Name (Last, First, Middle Initial) of Debto	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
Mailing Address 401 First Street, SE 2nd Floor		-			
City State	Zip Code				
Washington	DC 20003				
Outstanding Balance Beginning This Period		Transaction ID : SD10.5216			
34788.00					
9 9	Daymant This David	Outstanding Delegate at Olega of This Deviced			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	30000.00	0.00			
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):			
Mailing Address		_			
City State	Zip Code	_			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):			
Mailing Address		-			
City	State Zip Code	_			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	0.00			
2) TOTALS This Period (last page this line number	· only)	0.00			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)				

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SD10 Transaction ID: SD10.5216

Vendor and Committee resolved the disputed debt for \$30,000 and full payment was made.

Form/Schedule: Transaction ID: